

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/25/05</u>		2 Serial/Patent # <u>10/086,876</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		<u>3/3/05</u>	\$ <u>1020</u>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>7</td><td>--</td><td>1</td><td>2</td><td>5</td><td>0</td></tr></table>			0	7	--	1	2	5	0
0	7	--	1	2	5	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
After expiry of SSP, can't be accepted											
11 REFUND REQUESTED BY: <u>B. Dean</u>											
TYPED/PRINTED NAME: _____		TITLE: _____									
SIGNATURE: _____		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>[Signature]</i></u>		DATE: <u>5/26/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: